

**UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
ALEXANDRIA DIVISION**

MICHAEL CHAVARRIA and)	
RAMIRO CONDE, JR.,)	
Plaintiffs)	
)	CIVIL ACTION NO. 01:10-CV-01526
)	DEFENDANTS RESPONSE TO
v.)	FIRST SET OF REQUESTS FOR
)	PRODUCTION
)	
)	
CATAVOY COTTON GIN, LLC)	
And ROGER JOHNSON,)	
Defendants.)	

EXHIBIT “F”

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- | | | |
|---|---|------------|
| A Enter "1" for yourself if no one else can claim you as a dependent. | A <u>1</u> | |
| B Enter "1" if: | <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | B <u>1</u> |
| C Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | | C <u>0</u> |
| D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | | D <u>0</u> |
| E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E <u>0</u> | |
| F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit
<small>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</small> | F <u>0</u> | |
| G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. | <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. | G <u>0</u> |
| H Add lines A through G and enter total here. <small>(Note. This may be different from the number of exemptions you claim on your tax return.)</small> ► H <u>2</u> | | H <u>2</u> |
| For accuracy, complete all worksheets that apply. | <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | |

Cut here and give Form W-4 to your employer. Keep the top part for your records.

W-4		Employee's Withholding Allowance Certificate	
Form		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		2009	
1 Type or print your first name and middle initial.	Last name	2 Your social security number	
Brandon S.	Johnson	257-81-3884	
Home address (number and street or rural route)		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
24264 Hwy 124 South		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
City or town, state, and ZIP code		Jonesville, LA 71343	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5	2
6 Additional amount, if any, you want withheld from each paycheck		6	\$ 0
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption.			
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 			
If you meet both conditions, write "Exempt" here ► <u>7</u>			

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(Form is not valid unless you sign it.) ► Brandon Johnson

Date ► 08/25/09

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code (optional)

10 Employer identification number (EIN)

APPLICATION FOR EMPLOYMENT

(Please Print)

Johnson	Brandon	Scott
Last Name	First Name	Middle Name
24264	Hwy 124	Jonesville, LA
Address	Street	City
2571	81	71343
Telephone Number(s)	Zip Code	
(231) 736-7118	13884	
Social Security Number		
2571 81 13884		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*

Have you had your driver licenses suspended, revoked or received a DWI? Yes No

If Yes, please explain _____

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Length of Service		Work Performed
	Cattavoy Cotton Gin			
Address				
Telephone Number(s)		Hourly Rate/Salary		Work Performed
		Starting	Final	
Job Title		Supervisor		
Reason for Leaving				
2.	Employer	Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		Work Performed
		Starting	Final	
Job Title		Supervisor		
Reason for Leaving				
3.	Employer	Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		Work Performed
		Starting	Final	
Job Title		Supervisor		
Reason for Leaving				

OMB No. 1615-0047; Expires 06/30/09

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <i>Johnson</i>	First <i>Brandon</i>	Middle Initial <i>S</i>	Maiden Name
Address (Street Name and Number) <i>24264 Hwy 124 South</i>		Apt. #	Date of Birth (month/day/year) <i>07/25/89</i>
City <i>Jonesville, LA, 71343</i>	State	Zip Code	Social Security # <i>257813884</i>
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p> <p>I attest, under penalty of perjury, that I am (check one of the following):</p> <input checked="" type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) <i>A</i> <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____			

Employee's Signature <i>Brandon Johnson</i>	Date (month/day/year) <i>08/25/09</i>
--	--

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title:				
Issuing authority:				
Document #:				
Expiration Date (if any):				
Document #:				
Expiration Date (if any):				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title:	Document #:	Expiration Date (if any):
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative	Date (month/day/year)	

CONFIDENTIAL**SECOND INJURY FUND QUESTIONNAIRE**

The purpose of this questionnaire is to provide the employer with knowledge about the employee - specifically about any pre-existing condition or disability which may entitle the employer to reimbursement from Louisiana's Second Injury Fund (R.S. 23 §1378). The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring, advancement, or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employment.

NAME Brandon Scott Johnson
 ADDRESS 24264 Hwy 124 South, Jonesville, LA 71343
 In Emergency Notify Relationship City State Zip Phone
Roger E. Johnson Father Jonesville, LA 71343 229-388-0216
 Family Physician: _____
 Address: _____

MEDICAL HISTORY/WORK INJURY

A. Do you now or have you ever had:

- Heart Trouble No Yes If yes, explain _____
 Diabetes No Yes If yes, explain _____
 High Blood Pressure No Yes If yes, explain _____
 Arthritis No Yes If yes, explain _____
 Epilepsy No Yes If yes, explain _____
 Any type Seizures No Yes If yes, explain _____
 Back Injuries No Yes If yes, explain _____
 Back/Spine Surgery No Yes If yes, explain _____
 Any other serious physical ailments No Yes If yes, explain _____
 Any physical impairments No Yes If yes, explain _____
 Any mental/emotional problems No Yes If yes, explain _____

B. How many days were you absent from work due to illness: Last Year _____ Last 5 Years _____

Explain: _____

Have you ever been injured on the job? No Yes If yes, answer the following:

Approximate Date of Accident _____

Did you lose any time from work? No Yes If yes, how many days? _____

Did any permanent damage or disability result? No Yes If yes, explain _____

Were you given a disability rating by a Doctor? No Yes _____

If yes, give Doctor's Name and Address _____

What part of the body was injured? _____

Are you now drawing Worker's Compensation for any former injury? _____

If yes, give details _____

Give details of any other injuries you may have sustained on or off the job in the past 5 years _____

How would you classify your present health? _____ Poor _____ Fair _____ Good _____ Excellent _____ Never been sick _____

Would you submit to a physical examination at the Company's expense? Yes No

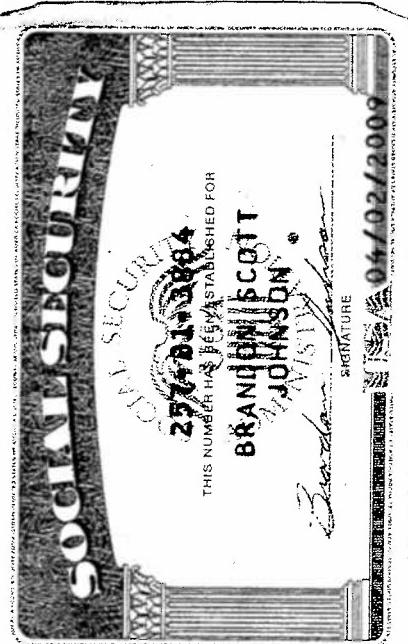
WARNING: PURSUANT TO LSA-RS 23:1208.1, I UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN A DENIAL OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES.

HAVE READ AND FULLY UNDERSTAND THE ABOVE.

DATE 08/25/09

SIGNATURE

Brandon Johnson



APPLICATION FOR EMPLOYMENT

(Please Print)

Johnson Brandon Scott
 First Name First Name Middle Name
 Address Number Street City State Zip Code
 24264 Hwy 124 Jonesville, LA 71343
 Telephone Number(s) Drivers License Number Social Security Number
 229-308-0299

If you are under 18 years of age, can you provide required proof of your eligibility to work?

 Yes No

Are you currently employed?

 Yes No

May we contact your present employer?

 Yes No

On what date would you be available for work?

A.S.A.P.Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Have you had your driver licenses suspended, revoked or received a DWI?

 Yes No

If Yes, please explain _____

Have you been convicted of a felony within the last 7 years?

 Yes No*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer Sipps Team U.S.A.	Length of Service 2 months	Work Performed Building, Construction, Welding
	Address 246 Industrial Park Rd.	Hourly Rate/Salary Starting Final	
	Telephone Number(s)	8.00 8.00	
	Job Title Floor Worker	Supervisor Travis Harrell	
	Reason for Leaving Not enough hours, New Job opening		
2.	Employer	Length of Service	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary	
	Job Title	Starting Final	
	Supervisor		
	Reason for Leaving		
3.	Employer	Length of Service	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary	
	Job Title	Starting Final	
	Supervisor		
	Reason for Leaving		

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. Travis Harrell, 243 Hwy 262 South, Climax, GA 39834

2. _____
3. _____

EDUCATION

School Name and Location	Elementary School				High School				Undergraduate College/University				Graduate/Professional				
	Potter Street Elementary School	Bainbridge High School	1 Semester at Bainbridge College														
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree	<u>High School Diploma</u>																
Describe any specialized training, apprenticeship, skills and extra-curricular activities	<u>Certified Industrial Maintenance Program Certified Manufacturing Program Welding II + I</u>																
State any additional information you feel may be helpful to us in considering your application																	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Brandon John
Signature of Applicant

03/27/08
Date

TO BE COMPLETED BY EMPLOYER:

Employment Offered Yes No

If yes, type employment: Full-time Part-time Seasonally

Compensation: \$8.00 per hour ✓ per week

By: Kathy Book

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the

Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- | | | | |
|---|--|---|---|
| A | Enter "1" for yourself if no one else can claim you as a dependent. | A | I |
| B | Enter "1" if: { • You are single and have only one job; or
• You are married, have only one job, and your spouse does not work; or
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } | B | I |
| C | Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C | |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | 0 |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | |
| F | Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit
<i>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</i> | F | |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. | G | |
| H | Add lines A through G and enter total here. <i>(Note. This may be different from the number of exemptions you claim on your tax return.)</i> ► H 2 | | |
| For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
• If you have more than one job , or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | | | |

Cut here and give Form W-4 to your employer. Keep the top part for your records.

W-4

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2008

► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial.	Last name	2 Your social security number
Brandon S.		257 81 3884
Home address (number and street or rural route) Hwy. 124, 24264		
City or town, state, and ZIP code Jonesville, LA 71343		
3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 2		
6 Additional amount, if any, you want withheld from each paycheck 6 \$		
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.		
If you meet both conditions, write "Exempt" here ► 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ► Brandon John		
Date ► 02/26/08		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		
9 Office code (optional)		
10 Employer identification number (EIN)		

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 03/31/07

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <i>Johnson</i>	First <i>Brandon</i>	Middle Initial <i>S</i>	Maiden Name
Address (Street Name and Number) <i>Hwy. 124, 24264</i>		Apt. #	Date of Birth (month/day/year) <i>7/25/89</i>
City <i>Jonesville, LA</i>	State	Zip Code <i>71343</i>	Social Security # <i>257813884</i>
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. <i>Brandon Johnson</i>		I attest, under penalty of perjury, that I am (check one of the following): <input checked="" type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #)	
Employee's Signature	Date (month/day/year)		

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title:		<i>Drivers License</i>		<i>Birth Certificate</i>
Issuing authority:		<i>See Attachment</i>		<i>See Attachment</i>
Document #:				
Expiration Date (if any):				
Document #:				
Expiration Date (if any):				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) *2/26/08* and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Kathy Book</i>	Print Name <i>Kathy Book</i>	Title <i>Secretary / Bookkeeper</i>
Business or Organization Name <i>Catavoy Cotton Gin, Inc.</i>	Address (Street Name and Number, City, State, Zip Code) <i>P.O. Box 386 Jonesville, LA 71343</i>	Date (month/day/year) <i>2/26/08</i>

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title:	Document #:	Expiration Date (if any):
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative	Date (month/day/year)	

DRUG AND ALCOHOL POLICY

I. STATEMENT OF POLICY:

It is the policy of _____ to maintain a work environment that is safe for all employees and conducive to high work standards. As part of this policy, no intoxicating beverages, firearms, knives, weapons, drugs of any kind including, but not limited to prescription drugs (except as provided below), marijuana and over-the-counter medication, and drug-related paraphernalia, are allowed on company property. With his or her supervisor's prior permission, an employee may possess certain prescription drugs and medication provided:

- 1) it has been prescribed for and limited to his/her use;
- 2) it is kept in the original container and;
- 3) a Medication Permission Form is signed by employee and supervisor.

_____ reserves the right to determine what items and substances will be prohibited on company property. Also prohibited is being at work, or reporting to work, with any detectable quantity of any illegal or unauthorized drug(s) in the employee's system.

In furtherance of the policy, entry on company property is conditioned upon the company's right to search all persons and their possessions for any company-prohibited items.

"Company Premises" – includes all locations at which work is performed by company personnel or which our company is assigned to work, including parking lots and storage areas. It also includes aircraft, automobiles, trucks and all other vehicles and equipment, whether company owned or leased.

II. SEARCH AND INSPECTION:

From time to time and without warning, search by authorized company representatives will be made of anyone entering company. This search may include offices, vehicles, desks, lockers and personal possessions. These searches may include the use of electric or electronic detection devices, scent-trained animals, or the taking of blood or urine samples for testing to determine the presence of substances prohibited by this policy. When appropriate, items and substances discovered during these searches may be retained by the management and turned over to law enforcement authorities. The company will pay for the full cost of any tests and transportation to and from such tests.

If an employee chooses not to consent to the searches or medical testing, the employee may be subject to discipline up to and including suspension or termination based upon observable symptoms or any other information. All searches will be conducted in the presence of _____ management representatives.

ACKNOWLEDGEMENT

I have read and understand THE DRUG AND ALCOHOL POLICY and agree to submit to all its requirements (including Urine Drug Screening). I understand that compliance with THE DRUG AND ALCOHOL POLICY is a condition of my employment with this company or my remaining cits property if I am a non-employee. I understand the disciplinary action that will be taken if I am found in violation of THE DRUG AND ALCOHOL POLICY.

Brandon Scott Johnson
(print name of employee/non-employee)

Brand Johnson
(employee/non-employee signature)

Todd Fark
(company representative signature)

257813884
(social security number)

2/26/08
Date

2/26/08
Date

CATAVOY COTTON GIN, LLC

PO BOX 386
JONESVILLE, LA 71343

APPLICANT/EMPLOYEE
Attachment "B"

DRUG /ALCOHOL INFORMED CONSENT FORM

PURPOSE OF TEST:
(Check all that applies)

- INITIAL IMPLEMENTATION
- PRE-EMPLOYMENT
- PRE-ENTRY-DESIGNATED POSITION AND/OR AREA OR WORK
- PERIODIC
- FOR CAUSE/SUSPICION
- POST-REHABILITATION
- POST-ACCIDENT
- RANDOM

I, Brandon Scott Johnson (please PRINT your name) CONSENT to this request for biological specimen. I understand that the chemical analysis will be conducted by a qualified laboratory and that the results of that analysis will be forwarded to the designated company representative.

The PURPOSE of this analysis is to determine or rule out drug or alcohol abuse. I hereby give my consent to the company to **WORKFORCE CONSULTANTS** and/or its collection agent, _____ to collect a urine and/or blood sample and I give my consent to **WORKFORCE CONSULTANTS** to forward the samples to a laboratory, clinic, or hospital to analyze and identify the presence of drugs and alcohol and to report the findings to the company representative.

It is understood that I am submitting to these test of my own free will.

Brandon Johnson
Employee's Signature

Kathy Book
Company Representative's Signature

257813884
Employee's Social Security Number

Catavoy Cotton Gin, LLC
Location

Catavoy Cotton Gin & Warehouse
Work Location

(318) 339-6161
Telephone Number with Area Code

2/26/08
Today's Date

NOTE: If the person refuses to sign, is unable to sign, or the required specimen cannot be obtained. Document below a brief description of the refusal/inability and circumstances. A witness (company representative if present) should sign this document.

Witness Signature

Date



TYPE
OR PRINT
IN
PERMANENT
BLACK OR
E-BLACK INK

89-060954

110-

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH					Local File Number	State, File Number 1	TIME OF BIRTH
CHILD	2. CHILD'S NAME: FIRST	3. MIDDLE	4. LAST	5. JR., SR., II	6. SEX (M or F)	7. DATE OF BIRTH (Mo. Day, Year)	8. TIME OF BIRTH
	Brandon	Scott	JOHNSON		Male	July 25, 1989	8:59 A.M.
MOTHER	9. THIS BIRTH (Single, Twin, Triplet, Etc.)		10. IF NOT SINGLE SPECIFY BIRTH ORDER			11. CITY, TOWN, OR LOCATION OF BIRTH	
	Single					Bainbridge	
FATHER	12. HOSPITAL/FACILITY NAME (If not Hospital, give Street and Number)			13. IF NOT HOSPITAL (Check one)		14. COUNTY OF BIRTH	
	Memorial Hospital			<input type="checkbox"/> 1 Clinic/Doctor's Office	<input type="checkbox"/> 3 Free Standing Birthing Center	<input type="checkbox"/> 2 Residence	<input type="checkbox"/> 4 Other
CERTIFIER	15. MOTHER'S NAME: FIRST	16. MIDDLE	17. LAST	18. MAIDEN (Last Name)	19. DATE OF BIRTH (Mo. Day, Year)	20. STATE OF BIRTH (If not U.S.A., Name Country)	
	Lisa	Lorraine	Johnson	Kelly	January 25, 1967	Georgia	
REGISTRAR	21. RESIDENCE STATE	22. COUNTY	23. CITY, TOWN OR LOCATION	24. STREET AND NUMBER OF RESIDENCE			
	Georgia	Miller	Colquitt	Route 2, Box 342			
	25. MOTHER'S MAILING ADDRESS—IF SAME AS ABOVE, ENTER ZIP CODE			26. RESIDENCE INSIDE CITY LIMITS? (Yes or No)			
	31717			No			
	27. FATHER'S NAME: FIRST	28. MIDDLE	29. LAST	30. DATE OF BIRTH (Mo. Day, Year)	31. STATE OF BIRTH (If not U.S.A., Name Country)	32. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Signature of Parent or Other Informant)	33. RELATION TO CHILD
	Roger	Eugene	Johnson	April 13, 1967	Georgia	<i>Line K</i>	Mother
	34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. (Signature)			35. DATE SIGNED (Mo. Day, Year)	36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name)	37. (Title)	
	<i>Manuel C Tanjuatco, M.D.</i>			8-16-89			
	38. CERTIFIER—NAME AND TITLE (Type or Print)	39. PHYSICIAN'S MEDICAL LIC. NO.	40. CERTIFIER—MAILING ADDRESS (Street or R.R. No. City or Town, State, Zip)				
	Manuel C. Tanjuatco, M.D.	18429	P.O. Box 463 Bainbridge, Georgia 31717				
	41. REGISTRAR (Signature)	42. DATE RECEIVED BY LOCAL REGISTRAR (Mo. Day, Year)					
	<i>Patricia D. Evans</i>	<i>August 18, 1989</i>					

M 3901 (Rev. 6-88) DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

STATE COPY

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DHR RULES AND REGULATIONS.

R. D. White
STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: *Patricia D. Evans*
Issued by: *Patricia D. Evans*
Date Issued: *7/7/00*

APPLICATION FOR EMPLOYMENT

(Please Print)

Johnson	Brandon	Scott
Last Name	First Name	Middle Name
Hwy 124, 24264, Jonesville, LA		
Address Number	Street	City
229-308-0299	051386673	State Zip Code 257 - 81 - 3884
Telephone Number(s)	Drivers License Number	Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes NoAre you currently employed? Yes NoMay we contact your present employer? Yes NoOn what date would you be available for work? Any Available dateAre you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Have you had your driver licenses suspended, revoked or received a DWI?

 Yes No

If Yes, please explain _____

Have you been convicted of a felony within the last 7 years? Yes No*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer <u>Travis Harrell</u>	Length of Service	Work Performed
	Address <u>243, Hwy 262, Climax, GA 38823</u>	<u>3 months</u>	<u>Metal Work, Construction</u>
	Telephone Number(s)	Hourly Rate/Salary	
		Starting	Final
	Job Title <u>Supervisor</u>		
	Reason for Leaving		
2.	Employer	Length of Service	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary	
		Starting	Final
	Job Title <u>Supervisor</u>		
	Reason for Leaving		
3.	Employer	Length of Service	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary	
		Starting	Final
	Job Title <u>Supervisor</u>		
	Reason for Leaving		

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

EDUCATION

School Name and Location	Elementary School	High School	Undergraduate College/University	Graduate/Professional
Potter Street Elementary	Bainbridge High School			
Years Completed	4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Diploma/Degree				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
State any additional information you feel may be helpful to us in considering your application				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Brandan Johnson
Signature of Applicant

10/15/07

Date

TO BE COMPLETED BY EMPLOYER:

Employment Offered Yes No

If yes, type employment: Full-time Part-time Seasonally
 Compensation: \$7.00 per hour per week N/A other
 By: Kathy Cook Date: 10/15/07

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for **yourself** if no one else can claim you as a dependent. A _____
- B Enter "1" if:
 - You are single and have only one job; or
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B _____
- C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____
- D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) E _____
- F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit F _____
- (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
 - If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. G _____
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H _____
- For accuracy, complete all worksheets that apply.
 - If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 - If you have **more than one job** or are **married** and you and your spouse **both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 - If **neither** of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

W-4

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2007

► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial.	Last name	2 Your social security number
<u>Brandon</u>	<u>S</u>	<u>257</u> <u>81</u> <u>3804</u>
Home address (number and street or rural route)		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
<u>Hwy 124, 24264</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
City or town, state, and ZIP code		
<u>Jonesville, LA 71343</u>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 		
If you meet both conditions, write "Exempt" here ► <u>7</u>		

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(Form is not valid unless you sign it.) ► Brandon Johnson

Date ► 10/15/07

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code (optional)

10 Employer identification number (EIN)

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Johnson</u>	First <u>Brandon</u>	Middle Initial <u>S</u>	Maiden Name
Address (Street Name and Number) <u>Hwy. 124, 24264</u>		Apt. #	Date of Birth (month/day/year) <u>7/25/89</u>
City <u>Jonesville</u>	State <u>LA</u>	Zip Code <u>71343</u>	Social Security # <u>257813884</u>
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p> <p><u>Brandon Johnson</u></p>		<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input checked="" type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #)</p>	
Employee's Signature <u>Brandon Johnson</u>		Date (month/day/year)	

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

<p><u>any, or the document(s):</u></p> <p>List A</p> <p>Document title: _____</p> <p>Issuing authority: _____</p> <p>Document #: _____</p> <p>Expiration Date (if any): _____</p> <p>Document #: _____</p> <p>Expiration Date (if any): _____</p>	<p>OR</p> <p>List B</p> <p>Drivers License See Attachment</p>	<p>AND</p> <p>List C</p> <p>birth Certificate See Attachment</p>
--	---	--

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 10/15/07 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
<u>Kathy Book</u>	<u>Kathy Book</u>	<u>Secretary / Bookkeeper</u>
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
<u>Gateway Cotton Gin, Inc.</u>	<u>P.O. Box 386, Jonesville, LA 71343</u>	
		Date (month/day/year)
		<u>10/15/07</u>

Section 3. Updating and Reverification. To be completed and signed by employer.

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative	Date (month/day/year)	

CONFIDENTIAL
SECOND INJURY FUND QUESTIONNAIRE

The purpose of this questionnaire is to provide the employer with knowledge about the employee — specifically about any pre-existing condition or disability which may entitle the employer to reimbursement.

The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; hiring, advancement, or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employment.

NAME	<u>Brandon Scott Johnson</u>			71343
ADDRESS	<u>Hwy 124, 24264, Jonesville, LA</u>			
In Emergency Notify	Relationship	City	State	Zip
<u>Roger Johnson</u>	<u>Father</u>	"	"	229-308-0216

Family Physician: _____

Address: _____

MEDICAL HISTORY/WORK INJURY

A. Do you now or have you ever had:

- Heart Trouble No Yes If yes, explain _____
 Diabetes No Yes If yes, explain _____
 High Blood Pressure No Yes If yes, explain _____
 Epilepsy No Yes If yes, explain _____
 Any type Seizures No Yes If yes, explain _____
 Back Injuries No Yes If yes, explain _____
 Any other serious physical ailments No Yes If yes, explain _____
 Any physical impairments No Yes If yes, explain _____
 Any mental/emotional problems No Yes If yes, explain _____

How many days were you absent from work due to illness:

Last Year None ? Explain _____
 Last 5 Years None ? Explain _____

Have you ever been injured on the job? No Yes

If yes, answer the following:

Approximate Date of Accident _____

Did you lose any time from work? No Yes If yes, how many days? _____

Did any permanent damage or disability result? No Yes If yes, explain _____

Were you given a disability rating by a Doctor? No Yes

If yes, give Doctor's Name and Address _____

What part of the body was injured? _____

Are you now drawing Worker's Compensation for any former injury? _____

If yes, give details _____

Give details of any other injuries you may have sustained on or off the job in the past 5 years _____

How would you classify your present health? _____ Poor _____ Fair _____ Good _____ Excellent _____ Never been sick _____

Would you submit to a physical examination at the Company's expense? Yes No

WARNING: I UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN A DENIAL OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

Brandon Scott Johnson

DRUG AND ALCOHOL POLICY

I. STATEMENT OF POLICY:

It is the policy of Cataloy Cotton Gin, LLC to maintain a work environment that is safe for all employees and conducive to high work standards. As part of this policy, no intoxicating beverages, firearms, knives, weapons, drugs of any kind including, but not limited to prescription drugs (except as provided below), marijuana and over-the-counter medication, and drug-related paraphernalia, are allowed on company property. With his or her supervisor's prior permission, an employee may possess certain prescription drugs and medication provided:

- 1) it has been prescribed for and limited to his/her use;
- 2) it is kept in the original container and;
- 3) a Medication Permission Form is signed by employee and supervisor. The _____ reserves the right to determine what items and substances will be prohibited on company property. Also prohibited is being at work, or reporting to work, with any detectable quantity of any illegal or unauthorized drug(s) in the employee's system.

In furtherance of the policy, entry on company property is conditioned upon the company's right to search all persons and their possessions for any company-prohibited items.

"Company Premises" – includes all locations at which work is performed by company personnel or which our company is assigned to work, including parking lots and storage areas. It also includes aircraft, automobiles, trucks and all other vehicles and equipment, whether company owned or leased.

II. SEARCH AND INSPECTION:

From time to time and without warning, search by authorized company representatives will be made of anyone entering company. This search may include offices, vehicles, desks, lockers and personal possessions. These searches may include the use of electric or electronic detection devices, scent-trained animals, or the taking of blood or urine samples for testing to determine the presence of substances prohibited by this policy. When appropriate, items and substances discovered during these searches may be retained by the management and turned over to law enforcement authorities. The company will pay for the full cost of any tests and transportation to and from such tests.

If an employee chooses not to consent to the searches or medical testing, the employee may be subject to discipline up to and including suspension or termination based upon observable symptoms or any other information. All searches will be conducted in the presence of Cataloy Cotton Gin, LLC management representatives.

ACKNOWLEDGEMENT

I have read and understand THE DRUG AND ALCOHOL POLICY and agree to submit to all of its requirements (including Urine Drug Screening). I understand that compliance with THE DRUG AND ALCOHOL POLICY is a condition of my employment with this company or my remaining on its property if I am a non-employee. I understand the disciplinary action that will be taken if I am found in violation of THE DRUG AND ALCOHOL POLICY.

Brandon Scott Johnson
(print name of employee/non-employee)

257813884
(social security number)

Braden Johnson
(employee/non-employee signature)

10/15/07

(company representative signature)

Date

CATAVOY COTTON GIN, LLCPO BOX 386
JONESVILLE, LA 71343**APPLICANT/EMPLOYEE**
Attachment "B"**DRUG /ALCOHOL INFORMED CONSENT FORM**PURPOSE OF TEST:
(Check all that applies)

- INITIAL IMPLEMENTATION
- PRE-EMPLOYMENT
- PRE-ENTRY-DESIGNATED POSITION AND/OR AREA OR WORK
- PERIODIC
- FOR CAUSE/SUSPICION
- POST-REHABILITATION
- POST-ACCIDENT
- RANDOM

I, Brandon Scott Johnson (please PRINT your name) CONSENT to this request for biological specimen. I understand that the chemical analysis will be conducted by a qualified laboratory and that the results of that analysis will be forwarded to the designated company representative.

The PURPOSE of this analysis is to determine or rule out drug or alcohol abuse. I hereby give my consent to the company to **WORKFORCE CONSULTANTS** and/or its collection agent, _____ to collect a urine and/or blood sample and I give my consent to **WORKFORCE CONSULTANTS** to forward the samples to a laboratory, clinic, or hospital to analyze and identify the presence of drugs and alcohol and to report the findings to the company representative.

It is understood that I am submitting to these test of my own free will.

Brandon Johnson

Employee's Signature

Kathy Bock

Company Representative's Signature

257813884

Employee's Social Security Number

Catavoy Cotton Gin, LLC

Location

(318) 339-6161

Telephone Number with Area Code

Work Location

10/15/07

Today's Date

NOTE: If the person refuses to sign, is unable to sign, or the required specimen cannot be obtained. Document below a brief description of the refusal/inability and circumstances. A witness (company representative if present) should sign this document.

Witness Signature

10/15/07

Date



TYPE
OR PRINT
IN
PERMANENT
BLACK OR
E-BLACK INK

89-060954

110-

		STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH		Local File Number	State File Number 1.		
CHILD	2. CHILD'S NAME: FIRST	3. MIDDLE	4. LAST	5. JR., SR., II	6. SEX (M or F)	7. DATE OF BIRTH (Mo., Day, Year)	8. TIME OF BIRTH
	Brandon	Scott	JOHNSON		Male	July 25, 1989	8:59 A. M.
	9. THIS BIRTH (Single, Twin, Triplet, Etc.)	10. IF NOT SINGLE SPECIFY BIRTH ORDER			11. CITY, TOWN OR LOCATION OF BIRTH		
	Single				Bainbridge		
MOTHER	12. HOSPITAL/FACILITY NAME (If not Hospital, give Street and Number)			13. IF NOT HOSPITAL (Check one)		14. COUNTY OF BIRTH	
	Memorial Hospital			<input type="checkbox"/> 1 Clinic/Doctor's Office	<input type="checkbox"/> 3 Free Standing Birthing Center	<input type="checkbox"/> 2 Residence	<input type="checkbox"/> 4 Other
	15. MOTHER'S NAME: FIRST	16. MIDDLE	17. LAST	18. MAIDEN (Last Name)	19. DATE OF BIRTH (Mo., Day, Year)	20. STATE OF BIRTH (If not U.S.A., Name Country)	
	Lisa	Lorraine	Johnson	Kelly	January 25, 1967	Georgia	
FATHER	21. RESIDENCE—STATE	22. COUNTY	23. CITY, TOWN OR LOCATION	24. STREET AND NUMBER OF RESIDENCE			
	Georgia	Miller	Colquitt	Route 2, Box 342			
	25. MOTHER'S MAILING ADDRESS—IF SAME AS ABOVE, ENTER ZIP CODE				26. RESIDENCE INSIDE CITY LIMITS? (Yes or No)		
	31717				No		
CERTIFIER	27. FATHER'S NAME: FIRST	28. MIDDLE	29. LAST	30. DATE OF BIRTH (Mo., Day, Year)	31. STATE OF BIRTH (If not U.S.A., Name Country)		
	Roger	Eugene	Johnson	April 13, 1967	Georgia		
	32. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Signature of Parent or Other Informant)				33. RELATION TO CHILD		
	<i>Lisa K. Johnson</i>				Mother		
	34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature)				35. DATE SIGNED (Mo., Day, Year)	36. ATTENDANT AT BIRTH (If OTHER THAN CERTIFIER, Type or Print) (Name)	37. (Title)
	<i>Manuel C. Tanjuatco, Jr.</i>				8-16-89		
	38. CERTIFIER—NAME AND TITLE (Type or Print)	39. PHYSICIAN'S MEDICAL LIC. NO.	40. CERTIFIER—MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	Manuel C. Tanjuatco, M.D.	18429	P.O. Box 463 Bainbridge, Georgia 31717				
REGISTRAR	41. REGISTRAR (Signature)	42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year)					
	<i>Patricia N. Evans</i>	August 18, 1989					

MM 3901 (Rev. 6-88) DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

STATE COPY

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DHR RULES AND REGULATIONS.

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: *Suzanne S. Jenkins*
 Issued by: *Andrea Gardner*
 Date Issued: *7/7/02*

Any reproduction of this document is prohibited by statute. Do not accept unless embossed with a raised seal.

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for **yourself** if no one else can claim you as a dependent A _____
- B Enter "1" if: {
 - You are single and have only one job; or
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } B _____
- C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld) C _____
- D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) E _____
- F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F _____
- G **Child Tax Credit** (including additional child tax credit):
 - If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.
 - If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.
 G _____
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H _____
- I For accuracy, complete all worksheets that apply. {
 - If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 - If you have **more than one job** or are **married** and you and your spouse **both work** and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
 - If **neither** of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. } I _____

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form	W-4	
Department of the Treasury Internal Revenue Service		
Employee's Withholding Allowance Certificate		
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		
OMB No. 1545-0074		2006
1 Type or print your first name and middle initial.		Last name
Brandon S		Johnson
Home address (number and street or rural route)		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
Hwy 124 South 24264		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>
City or town, state, and ZIP code		5
Towesville, LA, 71343		6 \$
7 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		
8 Additional amount, if any, you want withheld from each paycheck		
9 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature (Form is not valid unless you sign it.) ► <i>Brandon Johnson</i>		
10 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		Date ► 5-22-06
11 Office code (optional)		12 Employer identification number (EIN)

Form W-4 (2006)

Page 2

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

- 1 Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$150,500 (\$75,250 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) 1 \$ _____
- 2 Enter: { \$10,300 if married filing jointly or qualifying widow(er)
\$ 7,550 if head of household
\$ 5,150 if single or married filing separately } 2 \$ _____
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2006 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. Enter the result, but not less than "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,300 and enter the result here. Drop any fraction 8 \$ _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \$ _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 \$ _____

Two-Earner/Two-Job Worksheet (See Two earners/two jobs on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \$ _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2 \$ _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \$ _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 \$ _____
- 5 Enter the number from line 1 of this worksheet 5 \$ _____
- 6 Subtract line 5 from line 4 6 \$ _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others					
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 1 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$42,000	\$0 - \$4,500 4,501 - 9,000 9,001 - 18,000 18,001 and over	0 1 2 3	\$42,001 and over	32,001 - 38,000 38,001 - 46,000 46,001 - 55,000 55,001 - 60,000 60,001 - 65,000 65,001 - 75,000 75,001 - 95,000 95,001 - 105,000 105,001 - 120,000 120,001 and over	6 7 8 9 10 11 12 13 14 15	\$0 - \$6,000 6,001 - 12,000 12,001 - 19,000 19,001 - 26,000 26,001 - 35,000 35,001 - 50,000 50,001 - 65,000 65,001 - 80,000 80,001 - 90,000 90,001 - 120,000 120,001 and over	0 1 2 3 4 5 6 7 8 9 10
\$42,001 and over	\$0 - \$4,500 4,501 - 9,000 9,001 - 18,000 18,001 - 22,000 22,001 - 26,000 26,001 - 32,000	0 1 2 3 4 5					

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$500	\$0 - \$30,000	\$500
60,001 - 115,000	830	30,001 - 75,000	830
115,001 - 165,000	920	75,001 - 145,000	920
165,001 - 290,000	1,090	145,001 - 330,000	1,090
290,001 and over	1,160	330,001 and over	1,160

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for use in civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to

the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 03/31/07

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <i>Johnson</i>	First <i>Brandon</i>	Middle Initial <i>S</i>	Maiden Name
Address (Street Name and Number) <i>24264 Hwy 124 South</i>		Apt. #	Date of Birth (month/day/year) <i>7/25/89</i>
City <i>Jonesville</i>	State <i>LA.</i>	Zip Code <i>71343</i>	Social Security # <i>257813884</i>
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. <i>Brandon Johnson</i>		I attest, under penalty of perjury, that I am (check one of the following): <input checked="" type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) <i>5/22/06</i>	
Employee's Signature	Date (month/day/year)		

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title:				
Issuing authority:				
Document #:				
Expiration Date (if any):				
Document #:				
Expiration Date (if any):				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title:	Document #:	Expiration Date (if any):
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

CONFIDENTIAL

SECOND INJURY FUND QUESTIONNAIRE

The purpose of this questionnaire is to provide the employer with knowledge about the employee — specifically about any pre-existing condition or disability which may entitle the employee to reimbursement. The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; hiring, advancement, or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employment.

NAME Brandon Scott Johnson

ADDRESS _____

In Emergency Notify

Roger Johnson

Relationship

Father

City

State

Zip

Phone

Family Physician: _____

Address: _____

MEDICAL HISTORY/WORK INJURY

A. Do you now or have you ever had:

Heart Trouble No Yes If yes, explain _____Diabetes No Yes If yes, explain _____High Blood Pressure No Yes If yes, explain _____Epilepsy No Yes If yes, explain _____Any type Seizures No Yes If yes, explain _____Back Injuries No Yes If yes, explain _____Any other serious physical ailments No Yes If yes, explain _____Any physical impairments No Yes If yes, explain _____Any mental/emotional problems No Yes If yes, explain _____

How many days were you absent from work due to illness:

Last Year _____ ? Explain _____

Last 5 Years _____ ? Explain _____

Have you ever been injured on the job? No Yes

If yes, answer the following:

Approximate Date of Accident _____

Did you lose any time from work? No Yes If yes, how many days? _____Did any permanent damage or disability result? No Yes If yes, explain _____Were you given a disability rating by a Doctor? No Yes

If yes, give Doctor's Name and Address _____

What part of the body was injured? _____

Are you now drawing Worker's Compensation for any former injury? _____

If yes, give details _____

Give details of any other injuries you may have sustained on or off the job in the past 5 years _____

How would you classify your present health? _____ Poor _____ Fair _____ Good _____ Excellent _____ Never been sick _____Would you submit to a physical examination at the Company's expense? Yes No

WARNING: I UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN A DENIAL OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

DRUG AND ALCOHOL POLICY

I. STATEMENT OF POLICY:

It is the policy of _____ to maintain a work environment that is safe for all employees and conducive to high work standards. As part of this policy, no intoxicating beverages, firearms, knives, weapons, drugs of any kind including, but not limited to prescription drugs (except as provided below), marijuana and over-the-counter medication, and drug-related paraphernalia, are allowed on company property. With his or her supervisor's prior permission, an employee may possess certain prescription drugs and medication provided:

- 1) it has been prescribed for and limited to his/her use;
- 2) it is kept in the original container and;
- 3) a Medication Permission Form is signed by employee and supervisor.

_____ reserves the right to determine what items and substances will be prohibited on company property. Also prohibited is being at work, or reporting to work, with any detectable quantity of any illegal or unauthorized drug(s) in the employee's system.

In furtherance of the policy, entry on company property is conditioned upon the company's right to search all persons and their possessions for any company-prohibited items.

"Company Premises" – includes all locations at which work is performed by company personnel or which our company is assigned to work, including parking lots and storage areas. It also includes aircraft, automobiles, trucks and all other vehicles and equipment, whether company owned or leased.

II. SEARCH AND INSPECTION:

From time to time and without warning, search by authorized company representatives will be made of anyone entering company. This search may include offices, vehicles, desks, lockers and personal possessions. These searches may include the use of electric or electronic detection devices, scent-trained animals, or the taking of blood or urine samples for testing to determine the presence of substances prohibited by this policy. When appropriate, items and substances discovered during these searches may be retained by the management and turned over to law enforcement authorities. The company will pay for the full cost of any tests and transportation to and from such tests.

If an employee chooses not to consent to the searches or medical testing, the employee may be subject to discipline up to and including suspension or termination based upon observable symptoms or any other information. All searches will be conducted in the presence of _____ management representatives.

ACKNOWLEDGEMENT

I have read and understand THE DRUG AND ALCOHOL POLICY and agree to submit to all of its requirements (including Urine Drug Screening). I understand that compliance with THE DRUG AND ALCOHOL POLICY is a condition of my employment with this company or my remaining on its property if I am a non-employee. I understand the disciplinary action that will be taken if I am found in violation of THE DRUG AND ALCOHOL POLICY.

Brandon Scott Johnson
(print name of employee/non-employee)

257813884
(social security number)

Brendan Johnson
(employee/non-employee signature)

Date 5/22/06

(company representative signature)

Date _____

CATAVOY COTTON GIN, LLC
PO BOX 386
JONESVILLE, LA 71343

APPLICANT/EMPLOYEE
Attachment "B"

DRUG /ALCOHOL INFORMED CONSENT FORM

PURPOSE OF TEST:
(Check all that applies)

- INITIAL IMPLEMENTATION
- PRE-EMPLOYMENT
- PRE-ENTRY-DESIGNATED POSITION AND/OR AREA OR WORK
- PERIODIC
- FOR CAUSE/SUSPICION
- POST-REHABILITATION
- POST-ACCIDENT
- RANDOM

I, Brandon Scott Johnson (please PRINT your name) **CONSENT** to this request for biological specimen. I understand that the chemical analysis will be conducted by a qualified laboratory and that the results of that analysis will be forwarded to the designated company representative.

The PURPOSE of this analysis is to determine or rule out drug or alcohol abuse. I hereby give my consent to the company to **WORKFORCE CONSULTANTS** and/or its collection agent, _____ to collect a urine and/or blood sample and I give my consent to **WORKFORCE CONSULTANTS** to forward the samples to a laboratory, clinic, or hospital to analyze and identify the presence of drugs and alcohol and to report the findings to the company representative.

It is understood that I am submitting to these test of my own free will.

Brandon Johnson
Employee's Signature

Company Representative's Signature

257813884
Employee's Social Security Number

Catavoy Cotton Gin, LLC
Location

Work Location

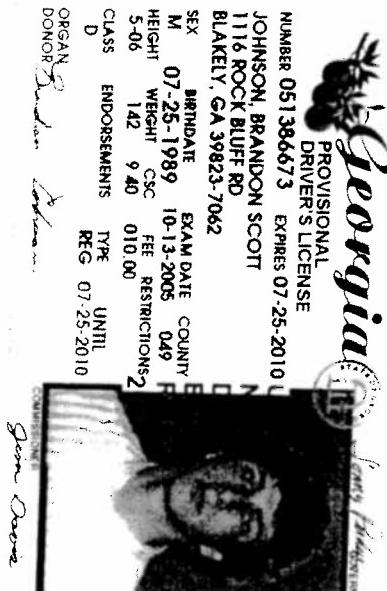
(318) 339-6161
Telephone Number with Area Code

Today's Date

NOTE: If the person refuses to sign, is unable to sign, or the required specimen cannot be obtained. Document below a brief description of the refusal/inability and circumstances. A witness (company representative if present) should sign this document.

Witness Signature

Date



1:51 PM

8/30/11

Catavoy Cotton Gin, LLC
Payroll Summary
January through December 2006

	Brandon S. Johnson			TOTAL	
	Hours	Rate	Jan - Dec 06	Hours	Rate
Employee Wages, Taxes and Adjustments					
Gross Pay					
Hourly Wage-Overtime		10.50	0.00		0.00
Hourly Wage-Regular	350.5	7.00	2,453.50	350.50	2,453.50
Total Gross Pay	<u>350.5</u>		<u>2,453.50</u>	<u>350.50</u>	<u>2,453.50</u>
Adjusted Gross Pay	350.5		2,453.50	350.50	2,453.50
Taxes Withheld					
Federal Withholding			-140.00		-140.00
Medicare Employee			-35.58		-35.58
Social Security Employee			-152.12		-152.12
LA - Withholding			-37.30		-37.30
Total Taxes Withheld			-365.00		-365.00
Net Pay	<u>350.5</u>		<u>2,088.50</u>	<u>350.50</u>	<u>2,088.50</u>
Employer Taxes and Contributions					
Federal Unemployment			19.63		19.63
Medicare Company			35.58		35.58
Social Security Company			152.12		152.12
LA - Unemployment Company			80.72		80.72
Total Employer Taxes and Contributions			<u>288.05</u>		<u>288.05</u>

Brandon Johnson
worked seasonally
from 2006-2009.
Included is a
copy of all payroll
& reimbursement checks
to him.

1:52 PM

8/30/11

Catavoy Cotton Gin, LLC
Payroll Summary
January through December 2007

	Brandon S. Johnson			TOTAL		
	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07
Employee Wages, Taxes and Adjustments						
Gross Pay						
Hourly Wage-Overtime	190.88334	10.50	2,004.28	190.88		2,004.28
Hourly Wage-Regular	270	7.00	1,890.00	270.00		1,890.00
Bonus (one-time cash award)			500.00			500.00
Total Gross Pay	460.88334		4,394.28	460.88		4,394.28
Adjusted Gross Pay	460.88334		4,394.28	460.88		4,394.28
Taxes Withheld						
Federal Withholding			-594.00			-594.00
Medicare Employee			-63.72			-63.72
Social Security Employee			-272.45			-272.45
LA - Withholding			-145.55			-145.55
Total Taxes Withheld			-1,075.72			-1,075.72
Net Pay	460.88334		3,318.56	460.88		3,318.56
Employer Taxes and Contributions						
Federal Unemployment			35.15			35.15
Medicare Company			63.72			63.72
Social Security Company			272.45			272.45
LA - Unemployment Company			142.81			142.81
Total Employer Taxes and Contributions			514.13			514.13

1:52 PM

8/30/11

Catavoy Cotton Gin, LLC
Payroll Summary
January through December 2008

	Brandon S. Johnson			TOTAL		
	Hours	Rate	Jan - Dec 08	Hours	Rate	Jan - Dec 08
Employee Wages, Taxes and Adjustments						
Gross Pay						
Holiday Pay	24	8.00	192.00	24.00		192.00
Hourly Wage-Overtime	107.38334	12.00	1,288.60	107.38		1,288.60
Hourly Wage-Regular	1,130.53334	8.00	9,044.26	1,130.53		9,044.26
Total Gross Pay	1,261.91668		10,524.86	1,261.92		10,524.86
Adjusted Gross Pay	1,261.91668		10,524.86	1,261.92		10,524.86
Taxes Withheld						
Federal Withholding			-548.00			-548.00
Medicare Employee			-152.61			-152.61
Social Security Employee			-652.54			-652.54
LA - Withholding			-112.76			-112.76
Total Taxes Withheld			-1,465.91			-1,465.91
Net Pay	1,261.91668		9,058.95	1,261.92		9,058.95
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			152.61			152.61
Social Security Company			652.54			652.54
LA - Unemployment Company			240.80			240.80
Total Employer Taxes and Contributions			1,101.95			1,101.95

1:52 PM

8/30/11

Catavoy Cotton Gin, LLC
Payroll Summary
January through December 2009

	Brandon S. Johnson			TOTAL		
	Hours	Rate	Jan - Dec 09	Hours	Rate	Jan - Dec 09
Employee Wages, Taxes and Adjustments						
Gross Pay						
Holiday Pay	8	8.00	64.00	8.00		64.00
Hourly Wage-Overtime	204.76665	12.00	2,457.20	204.77		2,457.20
Hourly Wage-Regular	651.45	8.00	5,211.60	651.45		5,211.60
Bonus (one-time cash award)			1,590.00			1,590.00
Total Gross Pay	864.21665		9,322.80	864.22		9,322.80
Adjusted Gross Pay	864.21665		9,322.80	864.22		9,322.80
Taxes Withheld						
Federal Withholding			-775.00			-775.00
Medicare Employee			-135.18			-135.18
Social Security Employee			-578.01			-578.01
LA - Withholding			-261.90			-261.90
Total Taxes Withheld			-1,750.09			-1,750.09
Net Pay	864.21665		7,572.71	864.22		7,572.71
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			135.18			135.18
Social Security Company			578.01			578.01
LA - Unemployment Company			244.30			244.30
Total Employer Taxes and Contributions			1,013.49			1,013.49

Catavoy Cotton Gin, LLC
Find Report
All Transactions

Type	Date	Num	Name	Memo	Account	Class	Split	Amount	Balance
Paycheck	12/4/2009	5816	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-1,132.71	-1,132.71
Paycheck	12/4/2009	5832	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-480.56	-1,613.25
Paycheck	1/13/2009	5787	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-547.94	-2,161.21
Paycheck	1/12/2009	5752	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-554.03	-2,715.12
Check	1/16/2009	5717	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-554.39	-3,269.51
Paycheck	1/19/2009	5742	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-343.84	-3,442.35
Paycheck	1/19/2009	5675	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-559.07	-3,953.11
Paycheck	1/22/2009	5656	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-557.81	-4,520.92
Paycheck	1/26/2009	5618	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-55.50	-512.32
Paycheck	1/19/2009	5582	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-349.57	-5,033.22
Paycheck	1/12/2009	5545	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-339.28	-5,392.50
Paycheck	1/5/2009	5518	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-335.74	-5,736.32
Paycheck	9/28/2009	5493	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-553.50	-6,289.82
Paycheck	9/22/2009	5468	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-55.05	-6,344.97
Paycheck	9/14/2009	5445	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-6,694.42	-6,994.42
Paycheck	9/7/2009	5420	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-7,030.22	-7,030.22
Paycheck	8/31/2009	5392	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-285.34	-7,315.56
Paycheck	8/24/2009	5376	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-285.34	-7,600.89
Paycheck	9/15/2008	4975	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-7,747.11	-9,116.60
Paycheck	10/6/2008	4935	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-322.52	-9,439.22
Paycheck	9/29/2008	4900	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-128.68	-9,567.88
Paycheck	9/22/2008	4883	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-339.28	-9,865.86
Paycheck	9/15/2008	4856	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-285.65	-10,240.41
Paycheck	9/8/2008	4834	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-293.76	-11,639.07
Paycheck	9/12/2008	4821	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-296.83	-11,875.33
Paycheck	8/25/2008	4805	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-307.84	-12,154.72
Paycheck	8/18/2008	4787	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-304.94	-12,459.68
Paycheck	8/11/2008	4766	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-192.09	-13,345.07
Paycheck	8/4/2008	4736	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-293.94	-15,639.01
Paycheck	7/28/2008	4718	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-236.30	-17,035.31
Paycheck	7/21/2008	4707	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-279.43	-17,312.64
Paycheck	7/14/2008	4684	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-307.82	-17,619.46
Paycheck	7/7/2008	4656	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-192.09	-18,901.55
Paycheck	6/30/2008	4641	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-293.94	-20,240.49
Paycheck	6/23/2008	4625	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-236.30	-21,639.00
Paycheck	6/16/2008	4617	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-279.43	-22,915.33
Paycheck	6/9/2008	4592	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-307.84	-24,202.67
Paycheck	6/2/2008	4566	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-192.09	-25,490.00
Paycheck	5/26/2008	4555	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-293.94	-27,877.34
Paycheck	5/19/2008	4539	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-236.30	-29,264.68
Paycheck	5/12/2008	4530	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-279.43	-30,551.01
Paycheck	5/5/2008	4515	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-307.82	-31,838.23
Paycheck	4/28/2008	4492	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-192.09	-33,125.46
Paycheck	4/14/2008	4471	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-293.94	-34,412.79
Paycheck	4/7/2008	4446	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-236.30	-35,699.09
Paycheck	3/24/2008	4431	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-279.43	-37,086.42
Paycheck	3/17/2008	4418	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-307.82	-38,473.75
Paycheck	3/10/2008	4391	Brandon S. Johnson	Catahoula-LaSalle ...	Gin	X	-SPLIT-	-192.09	-39,861.08
Reimbursement				(4800 bales ...					

Catavoy Cotton Gin, LLC
Find Report
All Transactions

Type	Date	Num	Name	Memo	Account	Class	Clr	Split	Amount	Balance
Paycheck	3/3/2008	4381	Brandon S. Johnson		Catahoula-LaSalle ...	Warehou...	X	-SPLIT-	-405.95	-16,806.06
Paycheck	1/1/26/2007	4041	Brandon S. Johnson		Catahoula-LaSalle ...	Gin	X	-SPLIT-	-221.02	-17,027.08
Paycheck	1/1/22/2007	4053	Brandon S. Johnson		Catahoula-LaSalle ...	Gin	X	-SPLIT-	-387.49	-17,414.57
Paycheck	1/1/19/2007	4013	Brandon S. Johnson		Catahoula-LaSalle ...	Gin		-SPLIT-	-513.44	-17,928.01
Paycheck	1/1/12/2007	3966	Brandon S. Johnson		Catahoula-LaSalle ...	Gin		-SPLIT-	-548.46	-18,476.47
Paycheck	1/1/5/2007	3915	Brandon S. Johnson		Catahoula-LaSalle ...	Gin	X	-SPLIT-	-566.75	-19,043.22
Paycheck	10/29/2007	3858	Brandon S. Johnson		Catahoula-LaSalle ...	Gin	X	-SPLIT-	-537.91	-19,581.13
Paycheck	10/22/2007	3821	Brandon S. Johnson		Catahoula-LaSalle ...	Gin		-SPLIT-	-543.49	-20,124.62
Paycheck	7/31/2006	1956	Brandon S. Johnson		Catahoula-LaSalle ...	Gin		-SPLIT-	-217.42	-20,342.04
Paycheck	7/17/2006	1906	Brandon S. Johnson		Catahoula-LaSalle ...	Gin	X	-SPLIT-	-471.96	-20,814.00
Paycheck	7/3/2006	1907	Brandon S. Johnson		Catahoula-LaSalle ...	Gin	X	-SPLIT-	-471.96	-21,285.96
Paycheck	6/19/2006	1890	Brandon S. Johnson		Catahoula-LaSalle ...	Gin		-SPLIT-	-464.64	-21,750.60
Paycheck	6/5/2006	1847	Brandon S. Johnson		Catahoula-LaSalle ...	Gin	X	-SPLIT-	-462.52	-22,213.12
Total									-22,213.12	-22,213.12

005742

CATAVOY COTTON GIN, LLC
 P.O. BOX 386
 JONESVILLE, LA 71343

CATAHOULA
 -LASALLE
 BANK
 JONESVILLE/ENA & HARRISONBURG
 84-191/1111

11/16/2009

PAY TO THE Brandon S. Johnson

ORDER OF _____

One Hundred Seventy-Four and 40/100*****

\$**174.40

DOLLARS

Brandon S. Johnson
 24264 Hwy 124
 Jonesville, LA 71343

MEMO Reimbursement for travel expense

AUTHORIZED SIGNATURE

000574211110191100112703500

CATAVOY COTTON GIN, LLC
 Brandon S. Johnson

005742

11/16/2009

Reimbursement for travel to pick up press pump
 436 miles @ \$.40

174.40

Catahoula-LaSalle Ba Reimbursement for travel expense

174.40

CATAVOY COTTON GIN, LLC
 Brandon S. Johnson

005742

11/16/2009

Reimbursement for travel to pick up press pump
 436 miles @ \$.40

174.40

Catahoula-LaSalle Ba Reimbursement for travel expense

174.40

Dr. H. Newheas

11-15-09

CATAVOY COTTON GIN, LLC
PO Box 386
Jonesville, LA 71343

Phone: 318 339 6161

Fax: 318 339 6199

**EMPLOYMENT
AGREEMENT**

I Brandon S. Johnson, have agreed to work for Catavoy Cotton Gin, LLC for \$ 7.00 per hour during ginning season.

At the end of the 2007 ginning season Catavoy Cotton Gin, LLC will pay \$ \$0.50, (50 cents) per hour for total hours worked.

Extra pay will be null and void if:

- 1) Have missing days or absent from work.
- 2) Quitting or being terminated before the 2007 ginning season is completed.
- 3) Having three (3) safety violations.

I have read and (or) this has been explained to me and I agree to the terms listed above.

Witnesses:

Roger E. John

Brandon Johnson 10/15/07
Employee Date

Kathy Book 10/15/07



Course Completion Date: **August 27, 2009**
Expiration Date: **August 27, 2011**

Security Control No.

844501

Name **Brandon Johnson**
Address **Catavoy Cotton Gin LLC**
Address **P O Box 386**
City, State, Zip **Jonesville, LA 71343**

Training Center: **LA Agricultural Corp.**
Instructor Name: **Russ Jones**
Instructor Number: **436652**

CPR Course

Brandon Johnson

The person named above successfully completed a National Safety Council
CPR Course based on the current standards and guidelines for CPR and ECC.

THIS DOCUMENT IS VOID IF REPRODUCED



Course Completion Date: **August 27, 2009**
Expiration Date: **August 27, 2012**

Security Control No.

824212

Name **Brandon Johnson**
Address **Catavoy Cotton Gin, LLC**
Address **P O Box 386**
City, State, Zip **Jonesville, LA 71343**

Training Center: **LA Agricultural Corp.**
Instructor Name: **Russ Jones**
Instructor Number: **436652**

First Aid Course

Brandon Johnson

The person named above successfully completed a
National Safety Council First Aid Course.

THIS DOCUMENT IS VOID IF REPRODUCED

FORKLIFT GENERAL TRAINING CERTIFICATE

29 CFR 1910.178 describes requirements for powered industrial truck operations, maintenance, inspections, and training. This is to certify that I have attended the above training which has informed me of:

- Forklift characteristics, including handling, capacity, load center, and center of gravity.
- Procedures for handling loads.
- Hazards specific to the workplace or operating environment.
- Awareness of mechanical components and their functions.
- How to handle mechanical emergencies.
- Safe loading and unloading procedures.
- General safe operating procedures.
- Equipment inspection.
- _____
- _____

Brandon Johnson

In addition, I have demonstrated proficiency in safe handling and operation.

8/12/08
Date

Brandon Johnson
Employee's Signature

8/12/08
Date

Rhond Fawcett
Trainer's Signature

Danica Johnson 8-12-08
Employee: _____
Company: _____
Instructor: _____
Date: _____

Forklift Safety Quiz

Directions: Read each statement carefully and circle the response that most fully answers the question.

1. Who can operate forklifts?
- A. truck drivers
 - B. supervisors
 - C. any employee on duty
 - D. trained and authorized workers
2. How many people can ride on a forklift?
- A. only the operator, unless the truck is equipped for passengers
 - B. the operator plus any other authorized operator
 - C. up to three if reasonable hand holds are available
 - D. there is no pre-determined limit
3. The "stability triangle" is used to describe:
- A. the forklift suspension system
 - B. the proper way for getting on and off a forklift
 - C. a method making a "three point turn" with rear steering
 - D. how the unit/load center of gravity can tip over a forklift

4. How often should operators inspect their forklift?

- A. hourly
- B. weekly
- C. every shift
- D. monthly

5. Who has the right-of-way?

- A. the largest forklift
- B. pedestrians
- C. forklifts approaching from the right
- D. forklifts in the main aisle

6. What is the first thing to do before driving into a trailer?

- A. check that the trailer is secured with chocks or another locking mechanism
- B. raise the forks high enough to clear the dock plate
- C. turn on available lighting
- D. advise dock supervisor that you are entering the trailer

7. How high should a load be carried?

- A. low enough to see over
- B. as low as possible, preferably 2 to 4 inches off the ground
- C. high enough to clear obstacles in your path
- D. high enough to see under

8. When traveling down a ramp or incline:

- A. avoid turning if possible
- B. back up when loaded
- C. back down when loaded
- D. both A and C

9. How soon should repairs be made to a forklift?

- A. as soon as possible
- B. at the next scheduled maintenance time
- C. before the unit is used
- D. at the end of your shift

10. When is it OK to travel with a load raised more than a few inches?

- A. whenever there is sufficient clearance
- B. whenever you know the floor to be free of bumps
- C. whenever you need to see under the load
- D. never

11. The minimum distance the forks should extend into a pallet is?

- A. all the way
- B. half way
- C. quarter way
- D. far enough to balance the load

12. When should an operator raise or lower a load?

- A. as soon as it's secure on the tines
- B. when approaching the lift
- C. only while stopped
- D. when necessary to improve load balance

13. Who is responsible for verifying the security of a trailer before loading or unloading?

- A. the dock supervisor
- B. the forklift operator
- C. the truck driver
- D. whoever the company designates

14. Training on one type of vehicle:

- (A) qualifies the operator for that type of vehicle
- B. is sufficient for all company forklifts
- C. should be done every three years
- D. should be done every five years

15. A forklift is "unattended" and must be shut off with the controls neutralized and the brakes set when:

- A. the operator is within sight
- B. the operator is out of sight
- C. the operator is more than 25 feet away
- D. either B or C

16. The first thing to do when changing the battery or refueling:

- (A) shut off the engine
- B. disconnect fuel lines or battery cables
- C. put on correct personal protective equipment
- D. depends on the unit

17. A forklift operator's performance must be evaluated:

- A. monthly
- B. yearly
- (C) every three years
- D. every five years

18. When mounting or dismounting a forklift:

- A. face away from the forklift
- B. face toward the forklift
- (C) use three points of contact
- D. jump on or off

19. You can get under a raised load:

- A. to check for debris that may fall off
- B. to be sure that the fork position is correct
- (C) never get under a raised load
- D. whenever it is necessary

20. Gas or diesel spills:

- (A) are not a problem as they will evaporate quickly
- (B) should be cleaned up immediately following proper safety procedures
- C. may explode so remove the forklift from the area
- D. none of the above

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

FORKLIFT OPERATOR CERTIFICATE

Brandon Johnson is authorized to operate a forklift used by
(name of operator)

Catavoy Cotton Gin LLC during the 2009.
(name of gin or warehouse) (season)

Rhonda Faircloth
(certified trainer)

9-3-09
(date)

This authorized operator has demonstrated the following abilities:

1. Uses safety belt when driving forklift.
2. Understands machine parts and what they do.
3. Proper use of safety glasses, gloves, hard hat, and dust masks when operating forklift.
4. Inspect for safe operation before using forklift.
5. Knows how to handle mechanical emergencies while operating forklift.
6. Safe handling proficiency.
7. Safe travel while loaded and unloaded.
8. Safe loading and unloading procedures.
9. Safely stacking and dropping loads.
10. **Uses safety belt when operating forklift.**

I, Brandon Johnson have been instructed in all above procedures
(employee signature)

and understand my responsibility in each of the above areas of forklift operation. I have read or had presented to me all information in the J.J. Keller Forklift Safety Employee Handbook 472H or 472H-Spanish.

Employee: Branded S. Jekosse
Company: _____
Instructor: _____
Date: 09/03/09

Forklift Safety Quiz

Directions: Read each statement carefully and circle the response that most fully answers the question.

1. Who can operate forklifts?
 - A. truck drivers
 - B. supervisors
 - C. any employee on duty
 - D. trained and authorized workers
2. How many people can ride on a forklift?
 A. only the operator, unless the truck is equipped for passengers
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 - C. turn on available lighting
 - D. advise dock supervisor that you are entering the trailer
7. How high should a load be carried?
- A. low enough to see over
 - B. as low as possible, preferably 2 to 4 inches off the ground
 - C. high enough to clear obstacles in your path
 - D. high enough to see under
8. When traveling down a ramp or incline:
- A. avoid turning if possible
 - B. back up when loaded
 - C. back down when loaded
 - D. both A and C
9. How soon should repairs be made to a forklift?
- A. as soon as possible
 - B. at the next scheduled maintenance time
 - C. before the unit is used
 - D. at the end of your shift
10. When is it OK to travel with a load raised more than a few inches?
- A. whenever there is sufficient clearance
 - B. whenever you know the floor to be free of bumps
 - C. whenever you need to see under the load
 - D. never
11. The minimum distance the forks should extend into a pallet is?
- A. all the way
 - B. half way
 - C. quarter way
 - D. far enough to balance the load
12. When should an operator raise or lower a load?
- A. as soon as it's secure on the tines
 - B. when approaching the lift
 - C. only while stopped
 - D. when necessary to improve load balance
13. Who is responsible for verifying the security of a trailer before loading or unloading?
- A. the dock supervisor
 - B. the forklift operator
 - C. the truck driver
 - D. whoever the company designates

14. Training on one type of vehicle:

- (A) qualifies the operator for that type of vehicle
- B. is sufficient for all company forklifts
- C. should be done every three years
- D. should be done every five years

15. A forklift is "unattended" and must be shut off with the controls neutralized and the brakes set when:

- A. the operator is within sight
- B. the operator is out of sight
- C. the operator is more than 25 feet away
- D. either B or C

16. The first thing to do when changing the battery or refueling:

- (A) shut off the engine
- B. disconnect fuel lines or battery cables
- C. put on correct personal protective equipment
- D. depends on the unit

17. A forklift operator's performance must be evaluated:

- A. monthly
- (B) yearly
- C. every three years
- D. every five years

18. When mounting or dismounting a forklift:

- A. face away from the forklift
- B. face toward the forklift
- C. use three points of contact
- D. jump on or off

19. You can get under a raised load:

- A. to check for debris that may fall off
- B. to be sure that the fork position is correct
- C. never get under a raised load
- D. whenever it is necessary

20. Gas or diesel spills:

- A. are not a problem as they will evaporate quickly
- (B) should be cleaned up immediately following proper safety procedures
- C. may explode so remove the forklift from the area
- D. none of the above

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